

FILED OCT 27 1950

STANDARD CERTIFICATE OF DEATH

34762

State File No.

8797

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		d. STREET ADDRESS (If rural, give location) 3832 Washington Ave.		
3. NAME OF DECEASED (Type or Print) Johanna		a. (First) Johanna		b. (Middle) Eidson
c. (Last) Eidson		4. DATE OF DEATH (Month) (Day) (Year) Oct. 14, 1950		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----		8. DATE OF BIRTH Dec. 11, 1882
11. BIRTHPLACE (State or foreign country) Baldwin, Indiana		9. AGE (In years last birthday) 67 If under 1 year: Months Days If under 1 m. hrs. Min.		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME David Henry		
13b. MOTHER'S MAIDEN NAME Cynthia McGinnis		14. NAME OF HUSBAND OR WIFE Thomas W. Eidson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. nnone		17. INFORMANT'S SIGNATURE OR NAME Helen T. Larrimore
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia lobar pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Psychosis Psychosis Cerebral arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thrombophlebitis		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 490X
22. I hereby certify that I attended the deceased from 3/22, 1950 , to 10/14, 1950 , that I last saw the deceased alive on 10/14, 1950 , and that death occurred at 8:58 a.m. , from the causes and on the date stated above.				
23a. SIGNATURE Edwin A. Schmidt, M.D.		23b. ADDRESS 1515 Lafayette Ave.		23c. DATE SIGNED 10/14/50
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-17-1950		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE OCT 17 1950 J. B. Sarsater		ADDRESS 4700 Washington		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Elmer R. Caldwell

Signed
Student Embalmer

Licensed Embalmer No. 4077

P. O. Address _____

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.